

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1		
2						
3		2		1		
4		1				
5	1		1			
6						
7						
8						
9						
10						
11						
12	1		1			
13	1		1			
14		1		1		
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49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		↓	16	↓		↓
TOTAL CLAIMS			19			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS